Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.
Please email completed templates by **January 15, 2016,** to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	*Identify point person, telephone number, e-mail address* *Federico Cruz-Uribe, MD, MPH* *Vice President of External Affairs* *Sea Mar CHC* *(206)-788-3287* *federicocruz-uribe@seamarchc.org* *Kyle Davidson, MPH* *Director of Population Health Management* *Sea Mar CHC* *(206)-788-3289* *kyledavidson@seamarchc.org* *Which organizations were involved in developing this project suggestion?* *Sea Mar Community Health Centers*
Project Title	*Title of the project/intervention* Integration Specialists, Behavioral Health Integration in the Primary Care Settings

Rationale for the Project

Include:

- *Problem statement – why this project is needed.*

  According to a study commissioned by the Washington State Legislature, the rates of serious mental illness among low income adults reach as high as 8.54% in the state [1]. Sea Mar Community Health Centers operates medical, dental and behavioral health facilities across 11 counties in western Washington. As of December 1st, 2015 over 100,000 Medicaid Managed Care patients were assigned to Sea Mar's medical care continuum. Given the rate of estimated serious mental illness in WA state, over 8,500 Medicaid recipients are estimated to be living with serious mental illness and receiving care at Sea Mar. In 2013, Community Health Centers, (CHC's) across Washington served a total of 353,762 Medicaid recipients [2], meaning likely over 31,000 individuals were living with serious mental illness across the state and receiving their care at a CHC. In addition, approximately 24,000 clients per month received alcohol and substance abuse services through DSHS in fiscal year 2013 [3], prior to the eligibility expansion under the Affordable Care Act. The prevalence of Behavioral Health challenges in Medicaid populations served by CHC's are significant and require substantial programmatic action.

- *Supporting research (evidence-based and promising practices) for the value of the proposed project.*[i]

Research and best practice experience indicate value and impact when co-locating Behavioral Health resources and FTE within Primary Care medical settings and CHC's .[4,5]

- *Relationship to federal objectives for Medicaid*[ii] *with particular attention to how this project benefits Medicaid beneficiaries*

  Successful engagement with persons at risk for mental illness or substance abuse disorders in primary care settings offers the opportunity to reduce avoidable use of intensive services and settings, improve population health and assist in the effort to assure Medicaid per-capita cost growth is 2 percentage points below national trends. If these services were offered under capitation or another risk based framework, they could also accelerate the transition to value-based payment.

Project Description

Which Medicaid Transformation Goals[iii] *are supported by this project/intervention? Check box(es)*

- ✓Reduce avoidable use of intensive services
- ✓Improve population health, focused on prevention
- ✓Accelerate transition to value-based payment
- ✓Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- ✓Health Systems Capacity Building
- ✓Care Delivery Redesign
- ✓Population Health Improvement – prevention activities

Describe:

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).*

  Target Population includes persons presenting for care in a primary care setting and at risk for or living with a serious mental illness or substance abuse disorder.

- *Relationship to Washington's Medicaid Transformation goals*

  Effectively engaging persons experiencing mental illness or substance abuse disorders in the primary care setting allows for appropriate service provision and referrals, thereby bringing patients into therapeutic options and supporting families in caring for loved ones, reducing avoidable use of intensive long term services and supports (LTSS) and creating better linkages within the health care system.

- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*

  Eleven Integration Specialists currently operate throughout Sea Mar's system of primary care medical clinics. All patients are screened using a PHQ-2 questionnaire at the time of their appointment. Any patient answering affirmatively to either question from the PHQ-2 is then referred to meet with the Integration Specialist who administers the PHQ-9 and GAD-7 to the patient and engages with them one on one, either in the exam room or a separate office, depending on patient preference. This further assessment occurs in conjunction with communication to the patient's Provider and multi-disciplinary team members, (Medical Assistant, Nurse Manager, Care Coordinator and Care Manager.) Based on the results of the follow up assessments and intervention from the Integration Specialist, a care plan is established. The Integration Specialist is also trained to work successfully with persons presenting with substance abuse disorder and can administer the Screening, Brief Intervention and Referral to Treatment (SBIRT) framework, as well as Motivational Interviewing. They are

also able to meet with patients separately for pre-contemplative change or general support. Once a care plan is identified, the patients Primary Care Provider, (PCP) is informed and actively involved in its fulfillment.

- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.*

  Links include Early Adopter/Behavioral Health Organization regional purchasing as a pre-cursor model establishing Behavioral Health Integration in Primary Care settings.

- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.*

  As the model is scalable into any primary care system, potential partners include other CHC's, as well as the five ACH's where Sea Mar operates: North Sound, King, Pierce, CPAA and SW ACH.

1.

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project.*

  Estimated cost per Integration Specialist: $57,000 salary + benefits. To place an Integration Specialist in the remaining 18 Sea Mar CHC's without one currently would total: $1,026,000.00. Although the model is scalable into different settings and sizes.

- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.

    Integration Specialists have 4 standing appointments open for pre-scheduling with patients and same day appointments that occur as well, meaning daily goals of 8 patient contacts per day. 230 work days x 6 patients per day = 1,840 patients per year, per Integration Specialist, 33,120 total program per year.

  - How much you expect the program to cost per person served, on a monthly or annual basis.

    Program cost per person served $31.00. $85,560 per month, $1,026,000.00 annually.

- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*

  1 year from program initiation to full implementation.

- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*

  Opportunities for Return on Investment include reduction in utilization of more costly, intensive services, including criminal justice resources for those struggling with substance abuse disorder.

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

Wherever possible describe:

- *Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application* http://www.hca.wa.gov/hw/Documents/waiverappl.pdf *pages 46-47*[iv].

  Key outcome measures include patient encounters, type of encounter and referral tracking information. Priority measures sets described in the waiver application include Alcohol or Drug Treatment Penetration and Retention, Mental Health Treatment Penetration and Psychiatric Hospitalization Readmission Rate.

- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*?

  n/a

[i] The Washington State Institute for Public Policy, http://www.wsipp.gov, has identified "evidence-based" policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation

[ii] Medicaid objectives as stated in GAO report 15-239, April 2015, http://www.gao.gov/products/GAO-15-239:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director's Letter – available at: http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html.

[iii] Transformation goals as stated in Washington's Medicaid Transformation waiver, http://www.hca.wa.gov/hw/Documents/waiverappl.pdf:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington's tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

[iv] This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in "*Service Coordination Organizations – Accountability Measures Implementation Status*", (page 36) at: http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf.

References:

1. WA State Specific Fact Sheets, Prevalence of Serious Mental Illness in Washington, UW School of Social Work, Mental Health Reporting: http://depts.washington.edu/mhreport/WA_facts_prevalence.php

2. Washington Association of Community & Migrant Health Centers, Fact Sheet, Washington State Community Health Centers, 2013. http://c.ymcdn.com/sites/wacmhc.site-ym.com/resource/resmgr/Data/2013_WA_State_Fact_Sheet_-_F.pdf

3. DSHS: Alcohol and Substance Abuse Program, Adult Behavioral Task Force, June 13, 2014. Toulon, A. Sugarman, T. http://leg.wa.gov/JointCommittees/ABHS/Documents/2014-06-13/TOULON%20SUGARMAN%20-%20ASA%20Briefing%202015%20Task%20Force%20Final.pdf

4. Community Health Centers, Behavioral Health integration, community Health Network of Washington, Washington Association of Community and Migrant Health Centers, December, 2013. http://c.ymcdn.com/sites/wacmhc.site-ym.com/resource/resmgr/Policy_Docs/BriefingPaper_-_Behavioral_Health_Integration.pdf

5. SAMSHA-HRSA Enter for Integrated Health Solutions. Integrating Behavioral Health into Primary Care. http://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care#Behavioral Health and Patient Centered Medical Homes